

Northland Preparatory Academy

3300 East Sparrow Ave.
Flagstaff, AZ 86004
928-214-8776

Permission to Take Medications

I, _____, give permission to the administrative staff at NPA to give my child, _____, the following type of medication and dosage that I feel is appropriate and DOES NOT exceed package directions, unless authorized in writing by a physician:

____ Tylenol (or generic)	Dosage: _____
____ Ibuprofen	Dosage: _____
____ Tums/Rolaids	Dosage: _____
____ Other: _____	Dosage: _____

Parent Name

Parent Signature

Date